



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/17/15

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for: ☐ Extended Hours Establishment License ☐ Filling Station License ☐ Other (plan of operation for specific license also required)

Provide a detailed description of the type of business you plan on operating:

Do you have any experience operating this type of business? ☐ No ☐ Yes

If yes, explain:

### 2. Business Operations

- a. Proposed Opening Date: \_\_\_\_\_
- b. Is this premise under construction? ☐ No ☐ Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise? ☐ No ☐ Yes
- d. Is this premises currently licensed? ☐ No ☐ Yes If yes, list type of license: \_\_\_\_\_
- e. Is the current licensee operating? ☐ No ☐ Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location? ☐ No ☐ Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee? ☐ No ☐ Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building? ☐ No ☐ Yes If yes, describe: \_\_\_\_\_

### 3. Litter & Noise Control

- a. How are grounds kept clean? ☐ Sweep ☐ Pressure Wash ☐ Pick Up Litter ☐ Hired Maintenance  
☐ Building Owner Responsibility ☐ Garbage Cans Outside ☐ Other: \_\_\_\_\_
- b. How often will grounds be cleaned? ☐ Daily ☐ Weekly ☐ As Needed ☐ Monthly ☐ Other: \_\_\_\_\_
- c. Grounds cleaned by: ☐ Licensee ☐ Building Owner ☐ Employees ☐ Hired Maintenance ☐ Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed? ☐ Security ☐ Manager approaches customer(s) ☐ Call Police  
☐ Signs Posted ☐ Other: \_\_\_\_\_  
Will a sound amplification system be used? ☐ No ☐ Yes If yes, describe: \_\_\_\_\_
- e. Are there designated outdoor smoking areas? ☐ No ☐ Yes If yes, describe: \_\_\_\_\_
- f. Number of Garbage Cans: Inside: \_\_\_\_\_ Locations: \_\_\_\_\_  
Outside: \_\_\_\_\_ Locations: \_\_\_\_\_
- g. Is a crowd control barrier used? ☐ No ☐ Yes If yes, describe: \_\_\_\_\_
- h. Describe sanitation facilities (restrooms): \_\_\_\_\_
- i. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☐ Other: \_\_\_\_\_

#### 4. Parking & Security

- a. Are there off-street parking places? ☐ No ☐ Yes If yes, how many? \_\_\_\_\_

Describe security plan for parking lot: \_\_\_\_\_

- b. Is there a loading zone? ☐ No ☐ Yes If yes, describe security for loading zone \_\_\_\_\_

- c. Will you have security personnel on premise? ☐ No ☐ Yes If yes, how many? \_\_\_\_\_

What are their responsibilities? \_\_\_\_\_

Is security equipment used? ☐ No ☐ Yes If yes, describe \_\_\_\_\_

List their licensing, certification, or training credentials \_\_\_\_\_

Will there be security cameras? ☐ No ☐ Yes If yes, where? \_\_\_\_\_

Will searches or identification checks be conducted upon entry? ☐ No ☐ Yes If yes, describe \_\_\_\_\_

#### 5. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Other _____% Describe: _____	

#### 6. Businesses/Licenses on the Premises (check all that apply):

##### Type 1

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club              | <input type="checkbox"/> Tavern           | <input type="checkbox"/> Cocktail Lounge              | <input type="checkbox"/> Teen Club                       |
| <input type="checkbox"/> Bowling Alley           | <input type="checkbox"/> Hotel            | <input type="checkbox"/> Banquet Hall                 | <input type="checkbox"/> Sports Facility                 |

##### Type 2

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Liquor Store    | <input type="checkbox"/> Corner Store                     | <input type="checkbox"/> Supermarket                    | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station     | <input type="checkbox"/> Amusement/Phonograph Distributor | <input type="checkbox"/> Auto Wrecker                   |  |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Used Auto Parts                  | <input type="checkbox"/> Personal Service Establishment | <input type="checkbox"/> Recording Studio  |

What other types of licenses/permits will you hold at this location? (check all that apply)

- ☐ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures  
☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: \_\_\_\_\_

#### 7. Legal Capacity (only if a Type 1 premises in #6 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 8. Premises Description

d. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

☐ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop

☐ Other: Describe: \_\_\_\_\_

e. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☐ Other: \_\_\_\_\_

f. Nearest Major Cross Street: \_\_\_\_\_

g. Describe Building: ☐ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_

h. Describe Premises Structure: ☐ Single Story ☐ Multi-Story - # of Stories \_\_\_\_\_ ☐ Other: \_\_\_\_\_

i. Describe Surrounding Area: ☐ Commercial ☐ Residential ☐ Industrial ☐ Other: \_\_\_\_\_

j. Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## 9. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☐ Yes

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.  
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday,  
unless otherwise approved by Common Council in licensee's plan of operation.

## 10. Required Signature(s)

\_\_\_\_\_  
Sole Proprietor, Partner, Agent, or 20% or more Shareholder

\_\_\_\_\_  
Signature of additional partner or 20% or more Shareholder

See Application Information for a list of all required application forms.